(Return in triplicate) FISCAL NOTE	
Bill/Resolution No.: 5 /B 2209	Amendment to:
Requested by: Legislative Council	Date of Receipt: 1-4-85
Please estimate the fiscal impact of the above measure for:	
XXXX State general or special funds	Counties XX Cities
In the following space note the fiscal effect in dollars of this measure:	
Narrative:	
No fiscal effect.	
no risedi cirede.	
State Fiscal Effect:	
1985-86 1986-87  Special General Special General	•
Funds Fund Funds Fur	nd Funds Fund
County and City Fiscal Effect: 1985-86 1986-87	Biennium Total
	ties Counties Cities

If additional space is needed, attach a supplemental sheet.

Signed Signed

Typed Name \_\_\_Sid Bender

Date prepared: 1-8-85 Department Tax Department